

**Application Deadline:**

**MAY 6, 2024**

**By 3:00 PM**

Applications, transcripts, and any requested information must be **received** in the nursing office by this date.

**VIRGINIA BEACH SCHOOL OF PRACTICAL NURSING**

2925 NORTH LANDING ROAD

VIRGINIA BEACH, VIRGINIA 23456-2499

757-648-5889

**Application for Fall 2024 Classes**

(\*Accepting applications January 8 - May 6)

**COMPLETED COVID-19 VACCINATIONS INCLUDING TWO BOOSTERS or ONE UPDATED COVID VACCINATION AND ONE BOOSTER are REQUIRED TO ATTEND VBSPN – THERE ARE NO EXCEPTIONS or WAIVERS (Please submit a copy of your Covid card with your application)**

(Type or print clearly in black/blue ink)

**Name:**

(Mr/Mrs) Last First Middle Maiden Name

**Address**

Street City State Zip Code

**COMPLETE SS#:**

- -

**Phone: Cell**

**(Work):**

**DOB:**

**E-mail:**

Have you applied to this program before: Yes No

If yes, when:

**Are you a high school graduate/Or GED?** Yes No **Taken College courses?** Yes No

**In addition to this application, an official high school transcript /official GED/official college transcript which must:**

- be in English
- be received in sealed envelope from granting institution
- have an official seal
- include administrator's signature

All foreign high school transcripts and/or college transcripts not in English, must be evaluated and translated by approved independent transcript evaluation companies and transcript evaluation report must be sent to our office directly and received by our office by the above deadline.

**\*\*Application will not be accepted without the required official high school/GED Transcript/Foreign High School Transcript Evaluation Report/official college transcript \*\***

**HS/GED Institution Name:**

**Address:**

Street City State Zip

**College Institution Name:**

**Address:**

Street City State Zip

**PROFESSIONAL REFERENCES:** List the names and addresses of two professional references who has supervised you in the past three years. (Personal friend/relative is not acceptable.)

Reference's First and Last Name	Street, City, State & Zip Code	Name of Business	Phone number	Capacity as:
				Instructor Employer Supervisor Volunteer Supervisor
				Instructor Employer Supervisor Volunteer Supervisor

**EMPLOYMENT HISTORY:** List chronologically, beginning with the most recent.

Dates		Name & Physical Address (Street, City, State & Zip Code) and Telephone number	Type of Work	Reason for Leaving
From	To			
		Supervisor:		
		Supervisor:		

I certify that all information included in this application is true to the best of my knowledge. I hereby authorize the School of Practical Nursing to request such information, as necessary, to verify information given by me on the application form.

**Date**

**Signature of Applicant**

**PLEASE NOTE: APPLICATION DEADLINE—MAY 6 received in the office by 3:00 pm**

The following items must be included with application to be considered:

- Completed Application
- Official High School Transcript / Official GED Transcript or Official College Transcript
- High School Transcript Evaluation Report (if HS transcript not in English and/or not from a USA HS)
- Completed (2) Covid-19 vaccinations and (2) boosters or (1) Updated COVID vaccination and a booster

***\*Applicants will receive notice via e-mail acknowledging receipt of completed application and instructions to take the required TEAS Version 7 Exam(ATI TEAS results submitted by: May 20)***